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MARYLAND HEALTH CARE COMMISSION

Gross and Net 2016 Bed Need Projection for Medical/Surgical/Gynecological/Addictions and Pediatric Beds by Jurisdiction

In accordance with the requirements of COMAR 10.24.10.05F(4)(f) and 10.24.10.05G(4)(f), the Maryland Health Care Commission (“MHCC”) publishes the following notice of jurisdictional gross and net bed need for medical/surgical/ gynecological/ addictions (“MSGA”) beds and pediatric beds. These jurisdictional gross and net bed need projections will apply in the review of Certificate of Need (“CON”) applications acted on by the Maryland Health Care Commission after the date of their publication. Updated projections published in the Maryland Register supersede any published in either the Maryland Register or any plan approved by the Commission. Published projections remain in effect until the Commission publishes updated acute care hospital bed need projections, and will not be revised during the interim other than to incorporate inventory changes resulting from Commission Certificate of Need decisions and changes exempted from Certificate of Need review, or to correct errors in the data or computation.

Gross and Net Bed Need Projection for MSGA Beds: Maryland, 2016					
Jurisdiction	Gross Bed Need— 2016		Licensed and Approved Beds	Net Bed Need (Net of Currently Licensed and Approved Beds)—2016	
	Minimum	Maximum		Minimum	Maximum
WESTERN MARYLAND					
Alleghany	230	282	236	-6	46
Frederick	214	232	215	-1	17
Garrett	43	47	30	13	17
Washington	208	272	212	-4	60
MONTGOMERY COUNTY					
Montgomery	1,007	1,289	1,068	-61	221
SOUTHERN MARYLAND					
Calvert	113	123	93	20	30
Charles	123	145	119	4	26
Prince George's	708	919	677	31	242
St. Mary's	134	145	123	11	22
CENTRAL MARYLAND					
Anne Arundel	554	601	551	3	50
Baltimore City	2,834	3,644	3,312	-478	332
Baltimore County	1,078	1,169	1,064	14	105
Carroll	216	234	171	45	63
Harford	283	307	257	26	50
Howard	178	235	168	10	67
EASTERN SHORE					
Cecil	123	125	122	1	3
Dorchester	51	56	38	13	18
Kent	61	70	49	12	21
Somerset	14	15	9	5	6
Talbot	126	136	100	26	36
Wicomico	291	370	322	-31	48
Worcester	67	73	53	14	20

Gross and Net Bed Need Projection For Pediatric Beds: Maryland, 2016

Jurisdiction	Gross Bed Need—2016		Licensed and Approved Beds	Net Bed Need (Net of Currently Licensed and Approved Beds)—2016	
	Minimum	Maximum		Minimum	Maximum
WESTERN MARYLAND					
Allegany	7	7	7	-	-
Frederick	9	9	10	-1	-1
Garrett	1	1	2	-1	-1
Washington	8	8	10	-2	-2
MONTGOMERY COUNTY					
Montgomery	37	37	59	-22	-22
SOUTHERN MARYLAND					
Calvert	2	2	2	-	-
Charles	4	4	4	-	-
Prince George's	7	7	12	-5	-5
St. Mary's	7	7	6	1	1
CENTRAL MARYLAND					
Anne Arundel	15	15	19	-4	-4
Baltimore City	190	214	262	-72	-48
Baltimore County	27	27	27	-	-
Carroll	6	6	7	-1	-1
Harford	13	13	6	7	7
Howard	7	7	6	1	1
EASTERN SHORE					
Cecil	5	5	3	2	2
Dorchester	0	0	0	-	-
Kent	4	4	4	-	-
Somerset	0	0	0	-	-
Talbot	9	9	8	1	1
Wicomico	10	10	8	2	2
Worcester	0	0	0	-	-

Gross Bed Need

The minimum and maximum gross bed need projections shown in the tables were calculated using the methodologies outlined in COMAR 10.24.10.05, using a base year of 2006 and a target year of 2016.

Licensed and Approved Bed Inventory

The licensed and approved bed inventory has two components. First, for every jurisdiction, this inventory number includes the total number of MSGA or pediatric beds designated within the total acute care license of all of the hospitals in that jurisdiction for FY2009. (These licensed bed numbers can be found at Table 1 of *Annual Report on Selected Maryland Acute Care Hospital Services, Fiscal Year 2009*, available on the MHCC web site.)

Secondly, for some jurisdictions, the licensed and approved inventory also includes beds that were approved, through the CON process, as additions to bed capacity at hospitals in those jurisdictions. This only applies to CONs issued after October, 2000, when the current acute care hospital bed licensure law went into effect and rebased the licensed bed inventory of every general hospital. If a CON was issued to a hospital after October, 2000, that authorized the hospital to construct a number of MSGA or pediatric beds that exceeded the number of licensed MSGA or pediatric beds at that hospital in the fiscal year in which the CON was issued, this may have an impact on the bed inventory of these tables, as follows:

- If the number of designated MSGA or pediatric beds within the total acute care license of that hospital for FY2009 equals or exceeds the total number of MSGA or pediatric beds approved for that hospital in the CON, then no additional beds are added to the jurisdictional inventory for purposes of bed need projection. The licensed and approved bed inventory will simply be the total number of MSGA or pediatric beds designated within the total acute care licenses of all of the hospitals in that jurisdiction for FY2009;
- If the number of designated MSGA or pediatric beds within the total acute care license of that hospital for FY2009 is less than the total number of MSGA or pediatric beds approved for that hospital in the CON, then additional beds are added to the jurisdictional inventory for purposes of bed need projection. The additional number of beds is the difference between the total number of MSGA or pediatric beds approved for any hospital in that jurisdiction through the CON process and the total number of MSGA or pediatric beds designated within the total acute care licenses of all of the hospitals in that jurisdiction for FY2009.

Net Bed Need

The minimum and maximum net bed need projections shown in the tables are the difference between the minimum and maximum gross bed need projections and the licensed and approved bed inventory.